

Phenix City Public Schools

REQUEST FOR TIME ADJUSTMENT

Employee Name:

Title:

School/Department:

Date of Request:

Date of Adjustment:

Clock In Time Adjustment:

Clock Out Time Adjustment:

Clock Out Lunch Time Adjustment:

Clock In Lunch Time Adjustment:

Reason for Adjustment:

Employee Signature:

Administrator/Supervisor Signature:

TO BE COMPLETED BY BOOKKEEPER/SUPERVISOR

Adjustment Made By:

Adjustment Date:

Confirmation Number: